

Step 1

Complete your service's Contact Details and sign the Partnership Commitment.

OSHC Service Contact Details

Service name: _____

Service offered: Before School Care After School Care Vacation Care

Address: _____ Postcode: _____

Phone: _____ General service email address: _____

Service type: Community-based Private owner/operator Private school

CCB approved number of places: _____

Nominated Supervisor:

Name: _____

Phone: _____ Email: _____

Preferred method of contact: Phone Email Best time of day to contact: _____

Approved Provider Representative:

Name: _____

Phone: _____ Email: _____

Partnership Commitment

We agree to partner with Cancer Council NSW and Network of Community Activities to increase skin cancer awareness and to implement the approved Sun Protection Policy in our service. We will participate in a review process every 3 years to maintain the SunSmart status.

Nominated Supervisor Signature: _____ Date: _____

Approved Provider Representative Signature: _____

Step 2

Please email, fax or post this completed form AND a copy of the approved Sun Protection Policy to:

e: sunsmartschools@nswcc.org.au | f: (02) 8302 3529
SunSmart Program Cancer Council NSW PO Box 572 Kings Cross NSW 1340

Please note: Your service details will remain confidential and will only be used to provide information and resources to support the development and implementation of SunSmart OSHC.